

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/25/95

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000007427

FACILITY NAME -> M & L HOLDING CO - MAC BAKING

MAILING ADDRESS -> 80 MAIN ST

WEST ORANGE, NJ 07052

INSTALLATION ADDRESS -> 931 FRELINGHUYSEN AVE NEWARK, NJ 07052

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS**

TO: MANDELBAUM, DAVID M & L HOLDING CO - MAC BAKING 80 MAIN ST WEST ORANGE, NJ 07052

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Picese refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

alted States Environmental Protection Agency

Date Received

(For Official Use Only)

(For Official Use Only)

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1. Installation's EPA ID Number (Mark "X" in the appropriate box)	
A. First Notification Subsequent Notification (complete item C)	15R000074427
II. Name of installation (include company and specific site n	ame) seek a disele in the transfer for the
M&L HOLDING CO	MACBAKING
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street 921 ERELLANGUUS	
931 FRELINGHUYS Street (continued)	
Si eet (comaceo)	
City or Town	State ZIP Code
NEWARK	
County Code County Name	Control of the state of the sta
ESSEX	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
80 MAIN ST	
City or Town	State ZIP Code
WESTORANGE	NJ 070 SZ-
V. Installation Contact (Person to be contacted regarding wa	aste activities at site)
Name (last)	(first)
MANDELBAUM	DAVIO
Job Title	Phone Number (area code and number)
	201-325-0011
VI. Installation Contact Address (See Instructions)	
A. Contact Address B. Street or P.O. Box	man and the first of the first
BO MAIN ST	
City or Town	State ZIP Code
WESTORANGE	N707052-
VII. Ownership (See Instructions)	
A. Name of Installation's Legal Owner	
04 L HOLDING-CO	
Street, P.O. Box, or Route Number	· · · · · · · · · · · · · · · · · · ·
80 MAIN ST	
City or Town	State ZIP Code
WEST ORANGE	N507082-
Phone Number (area code and number) B. Land Type	ce C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year
201-325-0011	Yes No Yes

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